



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000484959</u>		2. Exact name of the Corporation <u>CUMBERLAND Youth Hockey League Inc.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Hockey League</u>	
5. Principal office address <u>53 Willis Drive</u>		City <u>CUMBERLAND</u>	State <u>RI</u> Zip <u>02864</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>EDWARD F RITCHIE</u>		Vice-President Name <u>JOSEPH RZEMZEN</u>	
Street Address <u>53 Willis Dr.</u>		Street Address <u>6 MAGNOLIA LANE</u>	
City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>	City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>
Secretary Name <u>CHRISTINA PARKER</u>		Treasurer Name <u>BRIAN BERNARD</u>	
Street Address <u>82 ENGLAND ST</u>		Street Address <u>4 BUCKBOARD DR.</u>	
City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>	City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <u>EDWARD RITCHIE</u>		Director Name <u>BRIAN BERNARD</u>	
Street Address <u>53 Willis Dr.</u>		Street Address <u>4 BUCKBOARD DR.</u>	
City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>	City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>
Director Name <u>JOSEPH RZEMZEN</u>		Director Name <u>CHRISTINA PARKER</u>	
Street Address <u>6 MAGNOLIA LANE</u>		Street Address <u>82 ENGLAND ST</u>	
City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>	City <u>CUMB</u>	State <u>RI</u> Zip <u>02864</u>
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY <u>1122</u>

FILED

JUL 17 2013

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

EDWARD F RITCHIE 7/15/13
Signature of Officer Date
EDWARD F RITCHIE
Print or Type Name of Officer
PRESIDENT
Title of Officer

Non-Profit Corporation Annual Report Attachment

Continuation of Officers

Web Director

Ed Noel
105 Abbott Run Valley Road
Cumberland, RI 02864

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JUL 17 2013

BY 484959